

## **OFFICERS**

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David "Sonny" Morgan Chapter Coordinator

APRI INSTITUTE P.O. Box 1263 Warren, Ohio 44482

## CONTACT:

Maria Diggs
Scholarship Chairperson
(330) 307-1024
Email:

ladybill65@icloud.com

# A. PHILIP RANDOLPH INSTITUTE SCHOLARSHIP ANNOUNCEMENT - 2024-2025

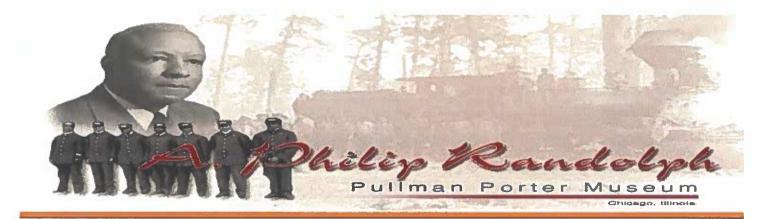
- 1. To inspire and enable a Warren G. Harding student to pursue post-secondary education in a university, community college, trade or vocation school culminating in a Bachelors degree and/or Certification and aspirations beyond.
- 2. APRI SCHOLARSHIPS are awarded to the applicant who submits all the required documents within the postmarked date. The following documents must be received in the Office of the Superintendent no later than Monday, April 1, 2024:
  - a. Completed biographical information sheet
  - b. An official high school transcript and first semester senior year grades
  - c. A one or two-page typed biography
  - d. 2 letters of recommendation from
    - (1) Warren City School Teacher/Administrator
    - (1) Community Person/Leader
  - e. A two-page essay: 1 1/4" spacing, 12 pt. Font

## **Essay Topic:**

When and What is the Diversity, Equity, and Inclusion (DEI) Council and the US Department of Education's Action to Eliminate DEI, and how it will affect students with programs they may apply for to get through school and accomplish their career goals?

Complete application package must be received no later than Friday, March 28, 2025.

Send completed package to:
APRI Committee
Office of the Superintendent
Warren City School District



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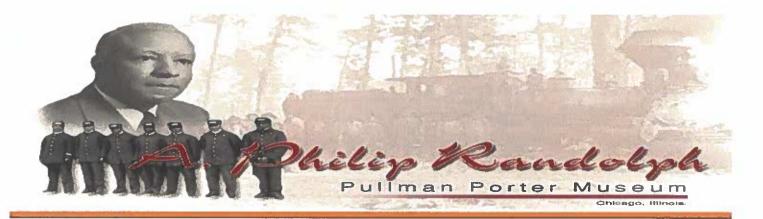
Email:

# **APRI SCHOLARSHIP APPLICATION 2024-2025**

Name		Date	
Address	City	StZip	
Phone	Birth date	Age	
Current School		GPA	
1. I have applied to the following	-		
2. Have you received other	scholarships?		
Source		Amount	
Source		Amount	
Signature			

Your complete application package must be received no later than Friday, March 28, 2025.

> APRI Committee, Office of the Superintendent Warren City School District 105 High Street, Warren, Ohio 44481



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A 2" x 3" photo must be attached here

## APRI SCHOLARSHIP BIOGRAPHICAL INFORMATION 2024-2025

Student Name	Date	
Address	City	St Zip
Phone	Birth date	Age
Name of Parents/Guardians		Phone
NA C		
What Commun	ity Activities Have You I	Been Involved In:

#### Please attach:

A one or two-page typed biography, including your personal history, personal and/ or professional goals, interests, activities, as well as information on how a teacher, principal and/or community leader has influenced your life.

Return this form with your completed application by Friday, March 28, 2025.

Send completed package to:
APRI Committee
Office of the Superintendent
Warren City School District
105 High Street, NE, Warren, Ohio 44481